DRAFT – 12/16/02

GOALS AND GUIDING VALUES FOR A CO-OCCURRING DISORDERS ACTION PLAN

GOALS-AT-A-GLANCE

CLINICAL SERVICES

1. **Persons with co-occurring disorders are treated with respect** in every encounter they have with the mental health, AOD, health, educational, criminal justice and social services systems to reduce barriers and stigma, increase engagement and retention, and increase likelihood of positive outcomes.

2. **Persons with co-occurring disorders can easily access the help they need** to address their needs, build on their strengths, and achieve their goals. **There is no "wrong door"**; wherever a person enters the system is the right place.

3. **PRIORITY: Each adult or adolescent receives services and supports tailored to his or her own unique situation and needs so that he/she may become as productive as possible.**

4. **While respecting confidentiality, service providers and advocates involve the person with a co-occurring disorder and his/her support system** in the process of determining service plans, and provide coordinated and comprehensive information, services, and resources that supports recovery.

5. **Persons with co-occurring disorders who are going through as transition are provided with targeted assistance.**

ADMINISTRATIVE SERVICES

6. **PRIORITY:** In supporting services at the local level, **State Departments work seamlessly together and with stakeholders at all levels** to create a system that supports recovery.

7. **PRIORITY:** In supporting families and communities, **County Departments work seamlessly with each other and public and private service providers, community-based organizations, and other community partners** to create a system that supports recovery. **County AOD and DMH and their partners** work together to **demonstrate substantial progress** towards making the system more strength-based, family-focused, culturally competent, accessible, and accountable. **County AOD and DMH and their partners pursue multi-disciplinary service delivery**, a single service plan, staff development opportunities, infrastructure enhancements, customer service and satisfaction evaluation, and revenue maximization.

8. **County DMH and AOD and their partners** focus on administrative and operational enhancements to **optimize the sharing of information, resources, and best practices while also protecting the privacy rights of service recipients**.

9. **The County service system and eligibility requirements for persons with co-occurring disorders is flexible**, able to respond to service needs and demands for both the countywide population and specific population groups.

10. **The County service system for individuals with co-occurring disorders acts to strengthen communities**, recognizing that just as individuals live in families, families live in communities. (Community Empowerment – Recovery happens best when fully support by the community)

11. **PRIORITY: The County service system for persons with co-occurring disorders embraces a commitment towards service integration and the disciplined pursuit of results accountability across systems**. **County DMH and AOD and their partners** create incentives to **reinforce the direction toward service integration** and a seamless service delivery system. Specifically, any strategy designed to improve the County co-occurring system should ultimately be judged by whether it helps achieve better outcomes for service recipients in the areas of good health, safety, economic well-being, social and emotional well-being and education and workforce readiness.

12. **Commit to evidence-based, innovative service delivery and administrative practices and commit to continuous quality improvement and implementation of those improvements.**

CLINICAL SERVICES

1. **Persons with co-occurring disorders are treated with respect** in every encounter they have with the mental health, AOD, health, educational, criminal justice and social services systems to reduce barriers and stigma, increase engagement and retention, and increase likelihood of positive outcomes.

   Issue Identification:
   - Persons with co-occurring disorders face stigma from providers, other participants and others.
   - Cultural competency in programs is inadequate.

2. **Persons with co-occurring disorders can easily access the help they need** to address their needs, build on their strengths, and achieve their goals. **There is no "wrong door"**; wherever a person enters the system is the right place.

   Issue Identification:
   - The populations that a provider is responsible for are not clearly defined.
   - Persons with co-occurring disorders are sometimes unserved, underserved or "mis-served".
   - Restrictive clinical care guidelines and authorization practices limit access to intensive services.
   - Services for children and adolescents, even those who qualify for EPSDT, are largely unavailable.
   - Services for individuals without Medi-Cal eligibility are more limited.
   - Persons with co-occurring disorders sometimes are not admitted to either substance abuse or mental health services because of prohibitive admission requirements.

3. **PRIORITY: Each adult or adolescent receives services and supports tailored to his or her own unique situation and needs so that he/she may become as productive as possible.**

   Issue Identification:
   - Outdated treatment practices including prescribing practices may still be used.
   - Persons with co-occurring disorders sometimes use public funds for activities contraindicated to treatment.
   - Targeted training that offers counselor skill enhancement is not available.
   - Best practices models, including prevention models, are not identified, shared and employed.
   - Age, gender, linguistic and cultural differences are not always addressed in the treatment process.

   Action Plan:

   I. Develop a Comprehensive Training Plan
   - **A. ADP and DMH should be responsible for developing the plan.**
   - **B. There should be incentives for attending the training (compliance, contracts, prestige, learning, etc.)**

   II. The training should:
   - **A. Result in organizational cultural change.**
   - **B. Be focused on Policy Alignment, System Change and Clinical Competency. All areas should focus on defined outcomes that**
     - **1. Help consumers/clients.**

2. **Improve accountability for quality clinical practices**
3. **Improve service system planning, management and outcome evaluation.**

III. **Utilize existing resources including ATTC as well as others. Use current evaluation going on in training.**

IV. **Reflect the goals identified in the COD goals/issues.**

V. **Policy Alignment**

VI. **System Change**
- A. **Requires commitment of "right person"**
- B. **Requires on-going follow up to make sure the plan is being implemented and barriers are addressed**

VII. **Clinical Competency**
- A. **Cross Training**
- B. **Training targeted by staff level**
- C. **Training on-going and incremental**

4. **While respecting confidentiality, service providers and advocates involve the person with a co-occurring disorder and his/her support system** in the process of determining service plans, and provide coordinated and comprehensive information, services, and resources that supports recovery.

5. **Persons with co-occurring disorders who are going through as transition are provided with targeted assistance.**

Issue Identification:

- Transition from adolescent to adult system.
- Transition from prison to community and parole to non-parole.

ADMINISTRATIVE SERVICES

6. **PRIORITY:** In supporting services at the local level, **State Departments work seamlessly together and with stakeholders at all levels** to create a system that supports recovery.

   Issue Identification:
   - The relationship between State DMH and AOD Departments is antagonistic and self-serving rather than collaborative.
   - State DMH and AOD Departments should strengthen working relationships with other State Departments.
   - State Departments are reluctant to discuss service provision to persons with co-occurring disorders.

7. **PRIORITY:** In supporting families and communities, **County Departments work seamlessly with each other and public and private service providers, community-based organizations, and other community partners** to create a system that supports recovery. **County AOD and DMH and their partners** work together to **demonstrate substantial progress** towards making the system more strength-based, family-focused, culturally competent, accessible, and accountable. **County AOD and DMH and their partners pursue multi-disciplinary service delivery**, a single service plan, staff development opportunities, infrastructure enhancements, customer service and satisfaction evaluation, and revenue maximization.

   Issue Identification:
   - The State "dumps" requirements on counties and providers without input. These requirements can be contrary to the counties'/providers' goals.
   - The relationship between County DMH and AOD Departments is antagonistic and self-serving rather than collaborative.
   - County DMH and AOD Departments should strengthen working relationships with other local agencies.
   - Local agencies are sometimes reluctant to provide services to persons with co-occurring disorders.

8. **County DMH and AOD and their partners** focus on administrative and operational enhancements to **optimize the sharing of information, resources, and best practices while also protecting the privacy rights of service recipients**.

   Issue Identification:
   - Issues around "turfism" prevent optimal service delivery.

9. **The County service system and eligibility requirements for persons with co-occurring disorders is flexible**, able to respond to service needs and demands for both the countywide population and specific population groups.

Issue Identification

- Indigent care issues
- Existing statutes, rules and policies impede a provider's ability to serve persons with co-occurring disorders. Of particular concern are requirements that limit services to for "illness" and do not allow for continued treatment for relapse prevention and continuing care.
- Existing payment policies impede a provider's ability to serve persons with co-occurring disorders.
- In efforts to work around existing statutes, rules, policies and payment requirements, data becomes skewed to match the requirements rather than reflect practice.

10. **The County service system for individuals with co-occurring disorders acts to strengthen communities**, recognizing that just as individuals live in families, families live in communities. (Community Empowerment – Recovery happens best when fully support by the community)

Issue Identification:

- Significant barriers especially transportation, housing and medical care including trauma, exist for persons with co-occurring disorders.

11. **PRIORITY: The County service system for persons with co-occurring disorders embraces a commitment towards service integration and the disciplined pursuit of results accountability across systems**. **County DMH and AOD and their partners** create incentives to **reinforce the direction toward service integration** and a seamless service delivery system. Specifically, any strategy designed to improve the County co-occurring system should ultimately be judged by whether it helps achieve better outcomes for service recipients in the areas of good health, safety, economic well-being, social and emotional well-being and education and workforce readiness.

Issue Identification:

- There is little emphasis on outcomes; process measures are often employed instead.
- There is little emphasis on outcomes by age, gender or other characteristic.
- There is little emphasis on outcomes and cost offsets related to life improvement for the individual and system improvement for AOD, mental health, physical health, criminal justices, child welfare and other social service systems.
- There is no process to identify expected outcomes.
- There is no funding for infrastructure, especially data systems, to evaluate outcomes.
- Programs are sometimes funded based on criteria other than sound clinical practice.

12. **Commit to evidence-based, innovative service delivery and administrative practices and commit to continuous quality improvement and implementation of those improvements.**

Issue Identification:

- There is little emphasis on outcomes; process measures are often employed instead.